SEALED UNITED STATES DISTRICT COURT

for the

| Western | District of Texas |
|---|--|
| United States of America v. HECTOR GABRIEL BARRIOS-HERNANDEZ Defendant |)) Case No. SA13-226M-01) |
| ARREST | ΓWARRANT |
| To: Any authorized law enforcement officer | |
| (name of person to be arrested) HECTOR GABRIEL BARRIOS-H who is accused of an offense or violation based on the follow | wing document filed with the court: formation Superseding Information Complaint |
| This offense is briefly described as follows: CONSPIRACY TO DISTRIBUTE AND POSSESS WITH INTERPRETARY: 10 YEARS TO LIFE IMPRISONMENT, UP TO \$ SUPERVISED RELEASE, MANDATORY \$100 ASSESSME | TENT TO DISTRIBUTE 5 KILOGRAMS OR MORE OF COCAINE S10 MILLION FINE, MANDATORY 5 YEAR TERM OF ENT |
| Date: 3/18/2013 City and state: SAN ANTONIO, TEXAS | Issuing officer's signature JOHNW. PRIMOMO, U.S. MAGISTRATE JUDGE Printed name and title |
| | Return |
| This warrant was received on (date) at (city and state) | , and the person was arrested on (date) |
| Date: | Arresting officer's signature |
| | Printed name and title |

This second page contains personal identifiers provided for law-enforcement use only and therefore should not be filed in court with the executed warrant unless under seal.

(Not for Public Disclosure)

| Name of defendant/offender: | | |
|---|---------|--|
| Known aliases: | | |
| Last known residence: | | |
| Prior addresses to which defendant/offender may still have ties: | | |
| | | |
| Last known employment: | | |
| Last known telephone numbers: | | |
| Place of birth: | | |
| Date of birth: | | |
| Social Security number: | | |
| Height: | Weight: | |
| Sex: | Race: | |
| Hair: | Eyes: | |
| Scars, tattoos, other distinguishing marks: | | |
| | | |
| | | |
| History of violence, weapons, drug use: | | |
| | | |
| Known family, friends, and other associates (name, relation, address, phone number): | | |
| | | |
| FBI number: | | |
| Complete description of auto: | | |
| | | |
| Investigative agency and address: | | |
| | | |
| Name and telephone numbers (office and cell) of pretrial services or probation officer (if applicable): | | |
| | | |
| | | |
| Date of last contact with pretrial services or probation officer (if applicable): | | |
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